PIP Committee Meeting Minutes December 17, 2019

November Quarterly Survey (preliminary) Results:

* 18 PIs for our November survey
	+ Insight as to why there continues to be an increase in HAPIs?
		- Loss of experienced staff
		- New staff
		- Leadership changes
		- Patient acuity
		- Decreased unit morale
		- Lack of care partners house wide
		- Lack of staff by in

 Worldwide PIP Day Rounding-Feedback:

* + No one present at today’s meeting was working/saw anyone from our PIP Day to give feedback.

Cosign Troubleshooting & Barriers:

* Lauren is still working with the data team to se with there is a better workflow for cosign. Currently, Epic does not allow users to add a hard stop to a flow sheet like it does in the MAR.
* When requesting a cosign…there have been users that have noticed a delay in getting the cosign request. Please know the request may take up to three minutes to appear.

Tableau Changes PI Compliance:

* Current state:
	+ Compliance

 <100%

 >100%

* Future State:

 0-30%

 31-84%

 85-99%

 1000%

Pressure Injury K-Cards:

Communication given at Adult Enterprise Nursing Leadership Board (AENLB) on 12/12 to discontinue Turn Audits and transition to new recommendations for VUH Standard K-Card use.

If you feel that Turn Audits are valuable to your unit, please continue them! However, they are no longer ‘required’ as part of our house-wide action plan for pressure injuries.

Thank you for your hard work on reducing pressure injuries using Turn Audits over the past 28 weeks!

* **Criteria to trigger K-Card action plan**:
	+ 2 consecutive months, or other identified trend by Quality Safety Advisor (QSA)/ Infection Preventionist (IP) teams, of events in one HAC or HAI category (Falls, PI, CLABSI and/or CAUTI)
		- For example, 2 consecutive months of CAUTI would trigger a CAUTI Action Plan
* **Intervention:**
	+ Local QSA/IP team will collaborate with unit leadership on a unit-specific action plan that includes K-Cards as an audit tool

**We have also developed a REDCap tool for VUH K-Card data entry**. **Please use this tool to enter the data from your K-Card audits:** [https://is.gd/vuh\_kcards](https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fis.gd%2Fvuh_kcards&data=02%7C01%7Clauren.k.white%40vumc.org%7Cae33ad36ea644d63e34a08d782625b61%7Cef57503014244ed8b83c12c533d879ab%7C0%7C0%7C637121231259103749&sdata=%2FoK9I3TAlE5JL%2BeUA%2BEO2ydqodhbgxXzrJyKrL025Jo%3D&reserved=0)



Capturing Present on Admission:

 Moved to next meeting due to time.

 “Prevention Pearls” Moisture Management:

* IAD-Incontinence Associated Dermatitis
	+ 1. Mostly likely to develop into a HAPI
		2. When skin breakdown is discovered…look at patient history and injury location to best determine if area is PI or IAD.
	+ Best Products:
		1. Critic-Aid: Located on most units, this is the “GO TO” barrier ointment that will adhere to denuded skin. Great for prevention and treatment!
		2. Ilex: For when its really, really bad. May cover the Ilex with Vaseline or Xeroform gauze to keep from sticking to the under pad or hair.
		3. Triple Paste AF (Anti-fungal): From pharmacy. Moisture barrier with antifungal properties, use for fungal rash with incontinence. Will not stick to denuded skin.
	+ Other option:
		1. Condom catheter
		2. Purewick
		3. Absorbent underpad
		4. Indwelling catheter (avoid when possible)
		5. Disposable brief (avoid when possible)

Updates:

* “Prevention Pearls” Moisture Management will be up on our website soon!
* Product resources are available on our VUMC Nursing website
	+ <https://ww2.mc.vanderbilt.edu/vanderbilt-nursing/40035>
	+ Look at left hand side of the page for product resources